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Bib Data Sheet

CONFIRMATION NO. 4519

|  |  |                                    |   |  |
|--|--|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/831,014   | <b>FILING DATE</b><br>05/03/2001<br><b>RULE</b>  | <b>CLASS</b><br>370                | <b>GROUP ART UNIT</b><br>266T<br>2667   | <b>ATTORNEY DOCKET NO.</b><br>112740-202 |
| <b>APPLICANTS</b><br>Josef Wahler, Taufkirchen, GERMANY; (RW)  |  |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/DE99/03481 11/02/1999 (RW)   |  |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 198 50 614.4 11/03/1998 (RW)   |  |                                    |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> <i>RW</i><br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>1                 |
| <b>INDEPENDENT CLAIMS</b><br>1   |  |                                    |   |  |
| <b>ADDRESS</b><br>Bell Boyd & Lloyd<br>Suite 3300<br>70 West Madison Street<br>Chicago, IL 60602-4207  |  |                                    |   |  |
| <b>TITLE</b><br>Communications system with communication terminals which are connected to a switching system via a packet-oriented communication network   |  |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>860  | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |